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OMB No 1545-0047 Return of Organization Exempt From Income Tax 990 Form 2009 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Open to Public Department of the Treasury Inspection The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service 5-2009, and ending , 20 For the 2009 calendar year, or tax year beginning C Name of organization RELIGIOUS COALITION FOR COMMUNITY R D Employer identification no. Check if applicable 55-0670839 Address change Doing Business As label or print or Room/suite E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Name change type. 1516 WASHINGTON STREET, EAST Initial return Specific G Gross receipts City or town, state or country, and ZIP + 4 Terminated Instruc-555,423 Charleston, WV 25311 Amended return DEBRA PAYNE Application pending Name and address of principal officer Is this a group return for affiliates? 1516 WASHINGTON STREET EAST, WV 25311 X No Are all affiliates included? You aff "No," attach a list (see instructions) X 501(c) ( 3 (insert no ) 4947(a)(1) or Tax-exempt status www.rccr.org Website P H(c) Group exemption number 1987 Form of organization X Corporation L Year of formation M State of legal domicile Trust Association Other Part I Summary TO HELP THE ECONOMICALLY DISADVANTAGED BY Briefly describe the organization's mission or most significant activities PROVIDING SHELTER AND REHABILITATION SERVICES. G Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 18 Number of voting members of the governing body (Part VI, line 1a) 18 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 10 6 Total number of volunteers (estimate if necessary) -7a Total gross unrelated business revenue from Part VIII, column (C), [17] 0 7a 0 b Net unrelated business taxable income from Form 990-T, line Prior Year AUG -1-6 -2010-195,913 346,978 Contributions and grants (Part VIII, line 1h) 23,649 388,504 Program service revenue (Part VIII, line 2g) . . . . 3 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 184,793 241,161 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11 825,584 555,423 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0 Benefits paid to or for members (Part IX, column (A), line 4) 379,035 382,882 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 536,380 339,005 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 721,887 915,415 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) (89,831) (166, 464)Revenue less expenses Subtract line 18 from line 12 · · · · · · · · End of Year Beginning of Current Year 1,664,385 1,713,726 Total assets (Part X, line 16) 20 866,881 1,031,097 Total liabilities (Part X, line 26) ..... Fund 21 Bal-846,845 633,288 22 Net assets or fund balances Subtract line 21 from line 20 . . . . . ances Part II Signature Block penury, I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge **UCANATIO** parer (other than officer) is based on all information of which preparer has any knowledge t, and complete De Sign Here Executive Director Deborah Payne,

Type or print name and title Preparer's identifying number Check if Preparer's (see instructions) employed > signature Paid David Sheppard Preparer's Rowan & Associates CPAs PLLC FIN **Use Only** 55-0727080 Firm's name (or yours 200 Westmoreland Office Center if self-employed). address, and ZIP + 4 Phone no ▶ 304-766-1120 Dunbar, WV 25064

May the IRS discuss this return with the preparer shown above? (see instructions) For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

EÉA

Pa	rt III	Statement of Program Service Accomplishments								
1	Briefly	describe the organization's mission								
	_	LP THE ECONOMICALLY DISADVANTAGED BY PROVIDING SHELTER AND REHABILITATION SERVICES.								
2		organization undertake any significant program services during the year which were not listed on								
	the pr	or Form 990 or 990-EZ?	No							
		" describe these new services on Schedule O								
3		organization cease conducting, or make significant changes in how it conducts, any program								
			N.							
			No							
	If "Yes	" describe these changes on Schedule O								
4	Descr	pe the exempt purpose achievements for each of the organization's three largest program services by expenses								
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and									
	alloca	ons to others, the total expenses, and revenue, if any, for each program service reported								
		, , , , , , , , , , , , , , , , , , , ,								
40	/Code	) (Expenses \$ 231,799 including grants of \$ 6,850 ) (Revenue \$								
4a	(Code		<b>—</b> '							
		RITAN INN PROVIDES TRANSITIONAL HOUSING AND JOB SKILLS TRAINING TO AN AVERAGE OF 10 TO 14								
	HOME	ESS MEN AT A TIME.								
4b	(Code	) (Expenses \$ 148,796 including grants of \$ ) (Revenue \$ 123,7	33)							
	SMIT	ST. STATION PROVIDES TRANSITIONAL HOUSING, CONSISTING OF 29 LOW INCOME RENTAL UNITS,								
	AND	ROGRAM SERVICES TO THE RESIDENTS IN ORDER TO HELP PROVIDE A SOLUTION TO THE HOMELESS								
		EM IN CHARLESTON.								
		EM IN CHARDESTON.								
			_							
4c	(Code	) (Expenses \$ 129,023 including grants of \$ ) (Revenue \$ 13,0	49 )							
••	•									
		EE HOUSING - PROVIDES ASSISTANCE TO LOW INCOME HOME BUYERS IN THE FORM OF COUNSELING,	-							
		NTEREST LOANS, AND DOWN PAYMENT ASSISTANCE. ALSO DEVELOPS LOW INOCME HOUSING FOR								
	BUYE	S.								
			<del></del>							
4 -1	O44 -	(Describe in Cabadula O.)	<u> </u>							
4d		program services (Describe in Schedule O )								
		ses \$ including grants of \$ ) (Revenue \$ )								
4e	Total	rogram service expenses > 509,618								
		Fame	00 (2000)							

Form 990 (2009) RELIGIOUS COALITION FOR COMMUNITY R

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55-0670839

Page 2

Pa	rt IV Checklist of Required Schedules			
	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A · · · · · · · · · · · · · · · · · ·	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
•	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I · · · · · · · · · · · · · · · · · ·	6	i	Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
۰	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	•		Λ.
8	complete Schedule D, Part III · · · · · · · · · · · · · · · · ·	8		X
•				
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		v
				X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	40		,,,
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable · · · · · · · · · · · · · · · · · · ·	11	Χ_	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States? • • • • • • • • • • • • • • • • • • •	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III • • • • • • • • • • • • • • • • •	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	-		_ <del></del>
••	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		- 1	
19	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
20	Did the diganization operate one of more hospitals. It is tes, complete schedule it			^

Pa	TIV Checklist of Required Schedules (continued)			
24	Did the account of a second or and the second or and other accordance to programments and accommentations		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	21		37
22	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	- 21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	22		v
23	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III • • • • • • • • • • • • • • • • •			X
23				
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23		v
24a	employees? If "Yes," complete Schedule J	23		X
<b>24</b> a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines  24b through 24d and complete Schedule K. If "No " go to line 25	24a		v
<b>b</b>	24b through 24d and complete Schedule K If "No," go to line 25 · · · · · · · · · · · · · · · · · ·	24b		X
b		240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		
	to defease any tax-exempt bonds?	240 24d		
d osa	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24u		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	250		.,
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	256		,,
00	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			.,,
<b></b>	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1 · · · · · · · · · · · · · · · · · ·	34		X_
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	35_		<u>X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance										
			Yes	No						
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of									
	U.S. Information Returns Enter -0- if not applicable									
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable									
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable									
	gaming (gambling) winnings to prize winners?	1c	Х							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax									
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 10		'	1						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see									
	instructions)			}						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by									
	this return? · · · · · · · · · · · · · · · · · · ·	3a		X						
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		Ĺ						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority									
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			1						
	account)? · · · · · · · · · · · · · · · · · · ·	4a		<u>X</u>						
b	If "Yes," enter the name of the foreign country									
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank									
	and Financial Accounts									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ••••••••••••••••••••••••••••••••••••	5b		Х						
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding		!							
	Prohibited Tax Shelter Transaction?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	organization solicit any contributions that were not tax deductible?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or									
	gifts were not tax deductible? • • • • • • • • • • • • • • • • • • •	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods									
	and services provided to the payor?	7a		X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? • • • • • • • • • • • • • • • • • • •	7b	ļ							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was									
	required to file Form 8282? • • • • • • • • • • • • • • • • • • •	7с		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year · · · · · · · · · · · · · · · · · · ·									
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			.						
	benefit contract?	7e		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? • • • • • • • • • • • • • • • • • • •	7f		X						
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? • • • • • • • • • • • • • • • • • • •	7g	ļ	ļ						
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as									
	required? • • • • • • • • • • • • • • • • • • •	7h		<del> </del>						
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting									
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			·						
	organization, have excess business holdings at any time during the year?	8	ļ	1						
9	Sponsoring organizations maintaining donor advised funds.			ļ						
a	Did the organization make any taxable distributions under section 4966?	9a 9b		-						
b	Did the organization make a distribution to a donor, donor advisor, or related person?	90	<del> </del> -	<del> </del>						
10	Section 501(c)(7) organizations. Enter									
a	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities • • • • • • • • • • • • • • • • • • •									
11	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders									
a										
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
ıza b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ••••••   12b		<del>                                     </del>	<b>†</b>						
	in you, onto the amount of tax exempt interest received and adding the year.			1						

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body · · · · · · · · · · · · · · · · · 1a 18			
b	Enter the number of voting members that are independent • • • • • • • • • • • • • • • • • • •			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? • • • • •	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body? • • • • • • • • • • • • • • • • • • •	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
	enue Code )			
			Yes	No
I0a	Does the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		Х
l1a	Describe in Schedule O the process, if any, used by the organization to review this Form 990		,	
l2a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	x	
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	X	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b	i	Х
Sec	tion C. Disclosure	•		
17	List the states with which a copy of this Form 990 is required to be filed   WV			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
-	organization ► BECKY MORGAN (304) 346-6398			
	1516 WASHINGTON STREET EAST Charleston, WV 25311	-		

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any current officer, director, or trustee

(A)	(B)		(C)				(D)	(E)	(F)	
Name and Title	Average hours per week	Itd nr; dur ise vtc iet deo	l t n r s u t s i t	Office	all th	H C e I o m g mp h e e o s n y t s e t e d	F o r m e r	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
DEBRA PAYNE			·			<del> </del>				
EXECUTIVE DIRECTOR	40.00	X				Х	1	48,000	o	13,580
RANDALL FLANAGAN										
PRESIDENT	1.00			Х						
ROSE EDINGTON		]								
CLERGY VICE PRESIDENT	1.00			Х						
NORMAN JONES										
MEMBER	1.00			Х						
WILLIAM C THOMAS										
MEMBER	1.00			Х				_		
JAMES SNYDER									_	
LAY VICE PRESIDENT	1.00			X						
JAMION WOLFORD										
TREASURER	1.00	1		X						
TED RANSON								_		
SECRETARY	1.00			X						
WILLIE CHILDS										
MEMBER	1.00			Х						
BRAXTON BROADY										
MEMBER	1.00			X						
RIC CAVENDER										
MEMBER	1.00			X						
JENNIFER ANDERSON-HILL									18	
MEMBER	1.00			_X						
DANNY SCALISE			1							
MEMBER	1.00			X						
SUSAN STRIAR MAY										
MEMBER	1.00		]	X		<u> </u>		_		
GREGORY MENEAR										
MEMBER	1.00			Х						
MICHELE LAWSON										
MEMBER	1.00			Х						

Forn	990 (20										55-067	0839	F	Page 8
Pa	rt VII	Section A. Officers, Directors, Trustees	, Key Employe	ees, an	d Hi	ghes	st C	ompen	sate	d Employees (con	tinued)			
		(Å)	(B)			(	C)			(D)	(E)		<b>(F)</b>	
		Name and Title	Average hours per week		I t nr su t s	O f f c e	All the yemployee	H c e I o m g mp h p l e e o s n y t s e t e d	F	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	co	Estimater amount of other ompensate from the organizate and relater ganization	of tion e ion ed
GRE	G PROC'	TOR												
MEM	BER		1.00			Х								
	Y WINT	ER									!			
MEM		201	1.00	-	-	_X	_	-				<del> </del>		
MEM	VE GAR	<del>J</del> ON	1.00			١,								
MEM	BER		1.00			X								
					-		:							
		<u>.</u>												
								-						
1b	Total						• •		<b>•</b>	48,000	(	)	13,	580
2		mber of individuals (including but not limited	to those liste	d abov	e) w	ho re	ecei	ved m	ore t					
	Did the o	e compensation from the organization  organization list any former officer, director of the online 1a? If "Yes," complete Schedule J										. 3	Yes	No
4	For any i	ndividual listed on line 1a, is the sum of rep nization and related organizations greater th l	ortable compe nan \$150,0001	ensatio ? If "Ye	n an s," c	d ot	her	compe	nsat	tion from		4		Х
		person listed on line 1a receive or accrue correndered to the organization? If "Yes," com			-							5		X
<u>Sec</u> 1	Complete	Independent Contractors  e this table for your five highest compensate eation from the organization	ed independer	nt contr	acto	ors th	nat r	eceive	d m	ore than \$100,000	of			
		(A) Name and business addre	ess							(B)  Description of s	ervices	Comp	(C) pensation	n
		nber of independent contractors (including in \$100,000 in compensation from the organ		to thos	se lis	sted	abo	ve) wh	o re	ceived				

Part '	<u>VIII</u>	Statement of Revenue					
		,		(A) Total revenue	(B)  Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns · · · · · · 1a	T		70101111	-	
	ь						
Contri-	c	<u> </u>		[			
butions, gifts,	d			]			
grants	е	<del> </del>	177,351				
and other	f	All other contributions, gifts, grants,					
sımilar amounts	•	and similar amounts not included above 1f	169,627				
	g						
	h	Total. Add lines 1a-1f · · · · · · · · · · · · · · · · · · ·	• • • • • • •	346,978			
	_		Business Code				
		COUNSELING	900099	6,300	6,300		
Program	b	DEVELOPMENT FEE	900099	8,000	8,000		<u> </u>
Service	С	LOAN ORIGINATION FEES	900099	7,569	7,569		
Revenue	, "	TRAINING	900099	1,780	1,780		
	e						
	l	All other program service revenue · · · · · ·					
	<u> </u>	Total. Add lines 2a-2f · · · · · · · · · · · · · · · · · · ·	• • • • • • •	23,649			
	3	Investment income (including dividends, interest,					
	١.	other similar amounts)	ļ	3			
	4	Income from investment of tax-exempt bond prod	1				
	5	Royalties · · · · · · · · · · · · · · · · · · ·	• • • • • • •				
		(i) Real	(II) Personal				
		Gross Rents					
		Less rental expenses · · · ·					
		Rental income or (loss)	L	126 400	136,488		
			i	136,488	130,400		ļ
	7a	Gross amount from sales of assets other than inventory	(II) Other				
	b	Less cost or other basis and sales expenses • • • •					
0	С	Gain or (loss)					
h		Net gain or (loss)					
e		Gross income from fundraising				-	
•		events (not including \$					
R		of contributions reported on line 1c)					
v		See Part IV, line 18 · · · · · · · a	43,668				
e	b	Less direct expenses · · · · · · · b					
u	С	Net income or (loss) from fundraising events •	• • • • • •	43,668	43,668		
е	9a	Gross income from gaming activities					
		See Part IV, line 19 • • • • • • • • a					
	b	Less direct expenses · · · · · · · b					
	С	Net income or (loss) from gaming activities • •	• • • • • • ▶				
	10a	Gross sales of inventory, less		Ì			
		returns and allowances • • • • • • a		1			
		Less cost of goods sold · · · · · · b	L		<del></del>		
		Net income or (loss) from sales of inventory · ·	r				<u></u> _
	40-	Miscellaneous Revenue	Business Code	A 627	A 627		<u> </u>
		MISCELLANOUS	900099	4,637	4,637		<del>                                     </del>
	b						
	C	All other revenue					<del> </del>
		All other revenue · · · · · · · · · · · · · · · · · · ·		4,637			<del></del>
		Total revenue See instructions		555 423	208 442		

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column	(A) but are not requi	red to complete colum	ns (B), (C), and (D).	
	not include amounts reported on lines 6b,	<b>(A)</b> Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising ,
	, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
_	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22 · · · · · · · · ·				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16 · · · · · · · · ·				
4	Benefits paid to or for members • • • • • • • • • • • • • • •				
5	Compensation of current officers, directors,				
	trustees, and key employees · · · · · · · · · ·	61,580		61,580	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) · · · · ·				
7	Other salaries and wages	213,692	154,977	58,715	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions) · · · · ·	1,494	1,018	476	
9	Other employee benefits • • • • • • • • • • • • • • • • • • •	82,020	71,166	10,854	
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·	24,096	16,755	7,341	
11	Fees for services (non-employees)				
а	Management · · · · · · · · · · · · · · · · · · ·				
b	Legal				
С	Accounting	11,026	9,000	2,026	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17 •				
f	Investment management fees • • • • • • • • • • • • • • • [				
g	Other • • • • • • • • • • • • • • • • • • •	1,846	1,040	806	
12	Advertising and promotion • • • • • • • • • • • •				
13	Office expenses · · · · · · · · · · · · · · · · · ·	15,436	4,526	10,910	
14	Information technology				
15	Royalties				
16	Occupancy · · · · · · · · · · · · · · · · · · ·	87,203	74,745	12,458	
17	Travel • • • • • • • • • • • • • • • • • • •	7,805	5,138	2,667	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings · · · · · ·	_			
20	Interest • • • • • • • • • • • • • • • • • • •	18,734	4,414	14,320	
21	Payments to affiliates • • • • • • • • • • • • • • • • • • •				
22	Depreciation, depletion, and amortization • • • • • •	57,357	43,657	13,700	
23	Insurance · · · · · · · · · · · · · · · · · · ·	11,975	11,213	762	
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below )				
<b>a</b>	LOANS FORGIVEN	15,822	15,822	1 000	
b	MAINTENANCE	27,760	25,862	1,898	
С	FOOD, CLOTHING, ETC	45,525	45,525	2 000	
d	TELEPHONE	8,527	5,661	2,866	E 000
e	MARKETING, MEMBERSHIPS, PUBL	7,947	1,841	1,018	5,088
f or	All other expenses	22,042	17,258	4,784 207,181	5,088
25 26	Total functional expenses. Add lines 1 through 24f · · Joint Costs. Check here ▶ ☐ if following	721,887	509,618	207,181	3,088
20	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation • • • • • • • • • • • • • • • • • • •				

Part	ŁΧ	Balance Sheet			
		, ,	(A)		(B)
			Beginning of year	<u>                                     </u>	End of year
	1	Cash - non-interest-bearing · · · · · · · · · · · · · · · · · · ·	12,261	1	236
	2	Savings and temporary cash investments • • • • • • • • • • • • • • • • • • •		2	
	3	Pledges and grants receivable, net	106,030	3	24,354
	4	Accounts receivable, net	216,868	4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L · · · · · · · · · · · · · · · · · ·		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
A S		Part II of Schedule L · · · · · · · · · · · · · · · · · ·		6	
s	7	Notes and loans receivable, net		7	
e t	8	Inventories for sale or use		8	
s	9	Prepaid expenses and deferred charges · · · · · · · · · · · · · · · · ·	25,435	9	
	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D · · · · · 10a 1,919,270			
	b	Less accumulated depreciation · · · · · · · · · · · · 10b 968,295	977,140	10c	950,975
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets · · · · · · · · · · · · · · · · · · ·		14	
	15	Other assets See Part IV, line 11	375,992	15	688,820
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,713,726	16	1,664,385
	17	Accounts payable and accrued expenses	76,465	17	89,923
	18	Grants payable • • • • • • • • • • • • • • • • • • •		18	
L	19	Deferred revenue	17,999	19	430,244
i -	20	Tax-exempt bond liabilities · · · · · · · · · · · · · · · · · · ·		20	
a b	21	Escrow or custodial account liability Complete Part IV of Schedule D · · · · · ·		21	
i	22	Payables to current and former officers, directors, trustees, key			
l i		employees, highest compensated employees, and disqualified			
t		persons Complete Part II of Schedule L		22	
i	23	Secured mortgages and notes payable to unrelated third parties	772,417	23	453,583
S	24	Unsecured notes and loans payable to unrelated third parties · · · · · · · · ·		24	
	25	Other liabilities Complete Part X of Schedule D		25	57,347
	26	Total liabilities. Add lines 17 through 25	866,881	26	1,031,097
		Organizations that follow SFAS 117, check here ► [X] and	<u> </u>		<del>-</del> -
F		complete lines 27 through 29, and lines 33 and 34.			
u	27	Unrestricted net assets	719,835	27	529,625
n d	28	Temporarily restricted net assets	127,010	28	103,663
ŭ	29	Permanently restricted net assets		29	
В		Organizations that do not follow SFAS 117, check here			
a I		and complete lines 30 through 34.			
а	30	Capital stock or trust principal, or current funds		30	
n C	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
c e s	32	Retained earnings, endowment, accumulated income, or other funds		32	
			046 045	33	633,288
	33	Total net assets or fund balances	846,845	33	033,200

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## **Public Charity Status and Public Support**

\* Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

2009

OMB No 1545-0047

Open to Public

Employer identification number Name of the organization 55-0670839 RELIGIOUS COALITION FOR COMMUNITY R Reason for Public Charity Status (All organizations must complete this part ) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II ) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8  $\overline{X}$  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III-Functionally integrated Type III-Other b Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? ................ 11a@ (iii) A 35% controlled entity of a person described in (i) or (ii) above? ......... 110(11) Provide the following information about the supported organization(s) (in Fin (m) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of Name of supported organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support governing document? col (i) of your (i) organized in the above or IRC section support? (see instructions) ) Yes No Yes No Yes No Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I)

	tion A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf • • • • • • • • • • • • • • • • • • •						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3 · · · · ·						
5	The portion of total contributions by each						
	person (other than a governmental unit or						
	publicly supported organization) included						
	on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from In 4						
	tion B. Total Support	<del> </del>			·		
Caler	idar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4 · · · · · · · · · · · · · · · · · ·			_			<del>                                     </del>
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on • • • • • • • • • • • • • • • • • •						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) • • • • • • • • • • • • • • • • • • •						
11	Total support. Add lines 7 through 10 -						
12	Gross receipts from related activities, etc. (	see instructions)				- 12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	rganızatıon's first,	second, third, four	th, or fifth tax year	as a section 501	(c)(3)	▶□
Sec	tion C. Computation of Public Su	<u>ipport Percer</u>	ntage				
14	Public support percentage for 2009 (line 6,						%
15	Public support percentage from 2008 Sche		= :			• 15	%
16a	33 1/3% support test - 2009. If the organization						. —
	and stop here. The organization qualifies a		-				▶□
b	33 1/3% support test - 2008. If the organization						
	box and stop here. The organization qualif	·					• • • • • • • • • • • • • • • • • • •
17a	10%-facts-and-circumstances test - 2009.						
	more, and if the organization meets the "fa-						
	organization meets the "facts-and-circumst						· · · · · • ▶ ∐
b	10%-facts-and-circumstances test - 2008.						
	more, and if the organization meets the "fa						. —
18	organization meets the "facts-and-circumst <b>Private foundation.</b> If the organization did in						• • • • • • • • • • • • • • • • • • •

Page 3

Part III

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I )

<u>Se</u>	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	182,698	307,976	211,526	437,154	390,646	1,530,000
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	341,434	352,460	377,925	388,504	160,137	1,620,460
3	Gross receipts from activities that are not an unrelated trade or bus under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf • • • • • • • • • • • • • • • • • • •						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	524,132	660,436	589,451	825,658	550,783	3,150,460
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons • • • •						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b · · · · · · · .						
8	Public support (Subtract line 7c from line 6)						3,150,460
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6 · · · · · · · · · · · · · · · · · ·	524,132	660,436	589,451	825,658	550,783	3,150,460
	payments received on securities loans, rents, royalties and income from similar sources	4,380	4,160	4,090	6	3	12,639
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b · · · · · · · ·	4,380	4,160	4,090	6	3	12,639
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	<b>Total support</b> . (Add lines 9, 10c, 11, and 12)						3,163,099
14	First five years. If the Form 990 is for the orgonganization, check this box and stop here	anization's first, se	cond, third, fourth,	or fifth tax year as	a section 501(c)(3	3) 	▶ □
	ction C. Computation of Public Sup					<del></del> ,	
	Public support percentage for 2009 (line 8, co			• •	• • • • • • • • •	15	99.60 %
16	Public support percentage from 2008 Schedu				• • • • • • • •	16	99.46 %
<u>Sec</u> 17	ction D. Computation of Investmen Investment income percentage for 2009 (line			lumn (ft)		17	0.40 %
18	Investment income percentage from 2008 Sch				<u></u>	18	0.54 %
	33 1/3% support tests - 2009. If the organizati				_		70
	17 is not more than 33 1/3%, check this box a 33 1/3% support tests - 2008. If the organization	ind <b>stop here.</b> The on did not check a	organization quali box on line 14 or	fies as a publicly s line 19a, and line 1	supported organiza  16 is more than 33	1/3%, and	· · · · • X
20	line 18 is not more than 33 1/3%, check this be <b>Private Foundation:</b> If the organization did no					nization	

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

## SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number Name of the organization 55-0670839 RELIGIOUS COALITION FOR COMMUNITY R Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate contributions to (during year) - - - - -Aggregate grants from (during year) ..... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... Yes Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements .............. 2a Total acreage restricted by conservation easements ............. Number of conservation easements on a certified historic structure included in (a) ...... 2c Number of conservation easements included in (c) acquired after 8/17/06 ....... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items 

Pa	rt III Organizations Maintaining	Collection	s of Art, His	torical Treasure	<u>s, or 0</u>	<u>ther Similar A</u>	ssets (	(continu	ıed)
3									
	collection items (check all that apply)								
а	Public exhibition	d 📃	Loan or excha	ange programs					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's colle	ctions and exp	lain how they fu	rther the organization'	s exempt	purpose in			
	Part XIV								
5	During the year, did the organization solicit or re	eceive donatio	ns of art, histori	cal treasures, or other	sımılar				
	assets to be sold to raise funds rather than to b	e maintained a	is part of the org	ganization's collection?	• • • •		• • 🗀	Yes	No
Pa	rt IV Escrow and Custodial Arra	angements	. Complete if o	rganization answered	"Yes" to F	orm 990,			
	Part IV, line 9, or reported an amour	nt on Form 990	), Part X, line 21						
1a	is the organization an agent, trustee, custodian							_	
	ıncluded on Form 990, Part X? • • • • • •			• • • • • • • • •		• • • • • • • •		Yes	No
b	If "Yes," explain the arrangement in Part XIV an	d complete the	e following table						
						Am	ount		
C	Beginning balance	• • • • • •		• • • • • • • • • •	• • • 10	;			
d	Additions during the year			• • • • • • • • •	• • • 10	j			
e	Distributions during the year • • • • • •			• • • • • • • • • •	16	<b>&gt;</b>			
f	Ending balance · · · · · · · · · · · · · · · · · · ·								
2a	Did the organization include an amount on Form	n 990, Part X,	line 21? • • •	• • • • • • • • •		• • • • • • • •	••	Yes	No.
b	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete	if the organiza	ition answered '	Yes" to Form 990, Par	t IV, line	10			
		(a) Current ye	ear <b>(b)</b> Pr	or year (c) Two ye	ars back	(d) Three years back	(e) F	our years	back
1a	Beginning of year balance								
b	Contributions · · · · · · · · · · · · · · · · · · ·								
С	Net investment earnings, gains, and losses •								
d	Grants or scholarships · · · · · · · · · ·								
e	Other expenditures for facilities								1
	and programs								
f	Administrative expenses								
g	End of year balance			<u></u>		L			l
2	Provide the estimated percentage of the year e								
а	Board designated or quasi-endowment	····· 9	6						
b	Permanent endowment								
С	Term endowment ▶ %								
3a	Are there endowment funds not in the possessi	on of the orga	nization that are	held and administered	d for the			\ <u>\</u>	1.51-
	organization by						0-4	Yes	No
	(i) unrelated organizations · · · · · · · ·			• • • • • • • • • •			- 3a(	_	+
	(ii) related organizations · · · · · · · · · · · · · · · · · · ·			D2			• 3a(i		<del> </del>
, D	If "Yes" to 3a(II), are the related organizations III						· _ 3t	<u>'</u>	<u></u>
4	Describe in Part XIV the intended uses of the or			s See Form 990, Part X,	line 10				
Pa	rt VI Investments - Land, Buildi	ngs, and <u>⊢</u>	<u>quipment.</u>	T	Time to				
	Description of investment	1 ' '	st or other basis	(b) Cost or other		Accumulated	( <b>d</b> ) B	Book value	9
	Land		nvestment)	basis (other) 208,298		epreciation		201	8,298
1a h				1,573,699		846,721			6,978
b	Buildings · · · · · · · · · · · · · · · · · · ·			1,3/3,693	<del>                                     </del>	040,721			
C N	Leasehold improvements • • • • • • • • • • • • • • • • • • •		<u> </u>	137,273	3	121,574		1'	5,699
d	Other · · · · · · · · · · · · · · · · · · ·			137,27	+	121,3,4			
e Tota	I. Add lines 1a through 1e (Column (d) must equ		Part X column /	B) line 10(c) )				950	0,975
· via	a rida mico la micagir le (columnita) mast equ		,	-/: ···· · · · · · · · · · · · · · · · ·		-			

Part VII	Investments - Other Securities.	See Form 990, Part X, line 12		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market val	ue
	ivatives • • • • • • • • • • • • • • • • • • •	-		
	equity interests	•		
Other				
		-		<del>-</del>
				<u> </u>
Total. (Column	(b) must equal Form 990, Part X, col (B) line 12 )	•		<del></del>
Part VIII	Investments - Program Related.			
T GIT VIII	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market val	ue
			_	
	(b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. See Form 990, Part X, Irr	ne 15		
CUDO TOAN		Description		(b) Book value
	S RECEIVABLE (FORGIVABLE) S RECEIVABLE (FORGIVABLE)			99,040 68,642
OTHER	S RECEIVABLE (FORGIVABLE)			9,750
	PROPERTIES IN PROCESS			461,335
	FOR INVESTMENTS			30,000
	D HEALTH ACCOUNT			20,053
			-	
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line	15)		688,820
Part X	Other Liabilities. See Form 990, Part X,	line 25		
1	(a) Description of liability	(b) Amount		
Federal incon	me taxes		]	
	AYROLL TAXES AND VACATION	34,652		
HEALTH CL	AIMS LIABILITY	22,695		
			_	
			_	
			<u> </u>  -	
		<del> </del>	4	
			-	
		-	-	
			-	
Total (Coh	(h) must equal Form 990 Part X col. (R) line 25.)	57,347	1	

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

	le D (Form 990) 2009 RELIGIOUS COALITION FOR COMMUNITY R	55-0670839	Page 4
	Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
	Total revenue (Form 990, Part VIII, column (A), line 12)	1	555,423
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	721,887
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	(166,464)
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities • • • • • • • • • • • • • • • • • • •	5	
6	Investment expenses · · · · · · · · · · · · · · · · · ·	6	
7	Prior period adjustments · · · · · · · · · · · · · · · · · · ·	7	
	Other (Describe in Part XIV )	8	
	Total adjustments (net) Add lines 4 through 8 · · · · · · · · · · · · · · · · · ·	9	<del></del>
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	(166,464)
	Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return	FFF 400
	Total revenue, gains, and other support per audited financial statements	7	555,423
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments	<b>→</b>	
	Donated services and use of facilities • • • • • • • • • • • • • • • • • • •	-	
	Recoveries of prior year grants · · · · · · · · · · · · · · · · · · ·		
	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e 3	555,423
		3	333,423
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a	_	
	Other (Describe in Part XIV )		
		4c 5	555,423
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		
	Total expenses and losses per audited financial Statements With Expenses  Total expenses and losses per audited financial statements	per Return	721,887
	Amounts included on line 1 but not on Form 990, Part IX, line 25	<del>                                     </del>	
	Donated services and use of facilities - · · · · · · · · · · · · · · · · · ·		
	Prior year adjustments · · · · · · · · · · · · · · · · · · ·	$\dashv$	
	Other losses · · · · · · · · · · · · · · · · · ·	$\dashv$	
	Other (Describe in Part XIV )	<del>- </del>	
	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	
	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	721,887
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		,
	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a		
	Other (Describe in Part XIV) · · · · · · · · · · · · · · · · · · ·	-	
	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	721,887
	XIV Supplemental Information	1 - 1	
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b		
	p, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete		
	urt to provide any additional information		
			<del></del>
			<del></del>

## **SCHEDULE G** (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

See separate instructions

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

RELIGIOUS COALITION				<u></u>		670839		
Part I Fundraising Activi	ties.Complete if that required to compl	e organizatior ete this part	n answered	d "Yes" to Form 990, P	art IV, line 17			
1 Indicate whether the organization								
a Mail solicitations		е 🗍	Solicitation	n of non-government g	rants			
b Internet and email solicitations	<b>,</b>	=		of government grants				
c Phone solicitations		=		ndraising events	-			
		9 🗀	opeciai iui	nuraising events				
d In-person solicitations								
2a Did the organization have a writte								
or key employees listed in Form 9	990, Part VII) or enti	ty in connectio	on with pro	fessional fundraising s	services? Y	es No		
b If "Yes," list the ten highest paid if	ndividuals or entities	(fundraisers)	pursuant t	to agreements under v	which the fundraiser is			
to be compensated at least \$5,00	0 by the organizatio	n						
(i) Name of individual	(ii) Activity	(iii) Did fundr	aiser have	(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to		
or entity (fundraiser)		custody or c		from activity	(or retained by)	(or retained by)		
		contribut	ions?		fundraiser listed in	organization		
	<del></del>			<del> </del>	col (i)	<del> </del>		
		Yes	No	_				
	<del> </del>							
<del></del>				· · · · ·				
<del></del>				<del> </del>				
		1						
				<del> </del>		-		
Total • • • • • • • • • • • • • • • • • • •			▶					
3 List all states in which the organiza				or has been notified it	is exempt from			
_	illon is registered or	ilicerised to so	JIICIL IUIIUS	or has been nothied it	is exempt nom			
registration or licensing								
					<del></del>			
	<u> </u>					<u></u>		
					<del></del>			

Page 2

RELIGIOUS COALITION FOR COMMUNITY R Schedule G (Form 990 or 990-EZ) 2009 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported

		more than \$15,000 on Form 99	0-EZ, line 6a List events i	with gross receipts greater	than \$5,000		
			(a) Event #1 Bean Dinner	(b) Event #2 SI Dinner	(c) Other Events	(d) Total Eve Add col (a) th	
R e			(event type)	(event type)	(total number)	col (c	•
v e n u	1 2	Gross receipts · · · · · · · · Less Charitable	36,310	6,520	838	43	, 668
е	,	Gross revenue (line 1					
	3	minus line 2)	36,310	6,520	838	43	, 668
D	4	Cash prizes · · · · · · · · · · · · · · · · · · ·					
r r	5	Non-cash prizes · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
e c t	6	Rent/facility costs · · · · · · ·					
E	7	Food and beverages · · · · ·					
p e n	8	Entertainment					
s e s	9	Other direct expenses · · · · -				_	
-	10	Direct expense summary Add lines Net income summary Combine line				(	, 668
Pa	11 rt II					43	
		than \$15,000 on Form 990-EZ			· · · · · · · · · · · · · · · · · · ·		
Revenue			<b>(a)</b> Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming col (a) through	
n u e	1	Gross revenue · · · · · ·					
							· ·
Direct	2	Cash prizes • • • • • • • • •					
	3	Non-cash prizes · · · · · ·					
Expens	4	Rent/facility costs · · · · · ·					
e s	5	Other direct expenses · · · · ·					
	6	Volunteer labor	Yes %	Yes % No	Yes %  No		
	7	Direct expense summary Add lines	2 through 5 in column (d)			(	)
	8_	Net gaming income summary Com	bine line 1, column (d), an	d line 7 • • • • • • •			es No
9	Ent	ter the state(s) in which the organiza	tion operates gaming activ	rities		<u>  '</u>	es No
а		he organization licensed to operate (	gaming activities in each o	f these states? · · · ·		• • • 9a	
t	f"  	No," Explain					
10-	\\\	ere any of the organization's gaming	licenses revoked suspend	led or terminated during th	e tay year?	· · · · 10a	
		Yes," Explain	ilicerises revoked, suspend	ica of terminated during th	o tax your	1.55	
44	_						
11 12		es the organization operate gaming a he organization a grantor, beneficiar				• • • 11	_

## **SCHEDULE O** (Form 990)

## **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990.

**Open to Public** Inspection Employer identification number

RELIGIOUS COALITION FOR COMMUNITY R	55-0670839
01. Members or stockholder classes and rights (Part VI, line 6)	
Members of the board of director (the board of directors) vote for new m	members. The board
of directors are the ones that govern the organization.	
02. Member election for additional members (Part VI, line 7a)	
The board of directors are the members and they must vote to include new	w members within
the board of directors and the articles of incorporation.	
03. Governing body decisions (Part VI, line 7b)	
The board of directors are the governing body (members) and they make the	ne decisions. The
board votes on the decisions.	
04. Form 990 governing body review (Part VI, line 11)	
990 available to the board but a copy was not provided to them before the	ne filing. The
board does have the 990 available for review but could not slow down the	e process to have
everyone on the board review the 990 before filing.	
05. Conflict of interest policy compliance (Part VI, line 12c)	
Eaxh employee is given a copy of the organization's policy and reviews	it annually as part
of a staff meeting. Annually staff, board members, and associate board	members are asked
to sign conflict of interest statements. Board members make written dis	sclosure of
activities of financial interest with might present a conflict of interest	est. The executive
director approves all expenditures to help insure there are no conflicts	s of interest. The
board treasurer reviews the organization's financial statements monthly	and reports to the
full board any items that may require monitoring. Each board member is	also given a copy